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Attorney Dock t Number 15869/01 DECLARATION FOR UTILITY OR First Named Inventor Staub, Jeffrey M DESIGN PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** 09/843,324 Filing Date April 25, 2001 □ Declaration ☐ Declaration OR Group Art Unit Submitted Submitted after Initial 1636 Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required) Unknown

	As a below named inventor, I hereby declare that:											
	My residence, post office address.	y residence, post office address, and citizenship are as stated below next to my name.										
	I believe I am the original, first and sole inventor (it only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
		for the transformation of plant cell plastids										
	the specification of which is attached hereto OB											
	was filed on (MM/DD/YYYY	tion Number or PC	T International									
A	Application Number 09/843,324 and was amended on (MM/DD/YYYY) (if applicable).											
į	hereby state that I have reviewed	and understand the	contents of the above idea	,	n, including the clai							
	amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
Ar	hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Pı	rior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	oy Attached? NO						
_	Additional foreign application num	nbers are listed on a	supplemental priority data	a sheet PTO/SB/02	2B attached hereto):						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.												
	Application Number(s)	Filing Date	(MM/DD/YYYY)									
60/199,774		04/26/2000		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
		1										

[Page 1 of 2]
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DE	DECLARATION — Utility of					D	Design Patent			nt /	Application				
Ihereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											d in the prior y to disclose				
U.S. Parent Application or PCT Parent Number							Parent Filing Date P (MM/DD/YYYY)					Parent Patent Number (if applicable)			
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto															
As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: OR Registered practitioner(s) name/registration number listed below Label here															
	Nam			Regi	stration	,	Name					Registration Number			
Thomas P			3	2,706	ımber		Timothy K. Ba					42,28			
Lawrence			- 1	0,768					a J. Yat			47,19			
Dennis R.	. Hoer	ner, Jr	_ 3	30,914			Grace L. Bonner					32,963			
Additional	registere	d practitioner(s) nam	ed on su	pplement	al Register	ed P	ractitioner	Infor	mation she	etPTO/	SB/02C	attached her	eto.		
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City	St. Lo	ouis					State MO ZIP 63			6316	167				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of Sole or First Inventor:							A petition has been filed for this unsigned inventor								
Gi	iven Nam	e (first and middle	[if any])			Family Name or Surname								
Jeffrey M						_ [Staub								
Inventor's Signature			Huy	in Mant								Date	4/14/01		
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PostOffice Address 591 McBride I				nte Dri	ve										
PostOffice Address															
City Wildwood State			ate M	MO ZIP			63011			Cou	ntry				
XAdditional	invento	rs are being name						linv	entor(s) s			B/02A attac	hed hereto		

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

			_											
Name of Additional Joint Inventor, if any:										ventor				
Given Name (first and middle [if any])							Family Name or Surname							
Guangning Ye										i				
Inventor's Signature	Alf										6/14/9			
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Post Office Address														
City	Ellisville		State	МО		ZIP 6	3011	Country	,					
Name of Additional Joint Inventor, if any:											ventor			
Given Name (first and middle [if any]) Family Name or Surname														
Debra L. Broyles														
Inventor's Signature	Depury	BI	oye	les			6/1	18/0/ ite	<u> </u>					
Residence: Ci	Wright City		State	<u>мо</u>		Country	USA		t Citize	nship	USA			
Post Office Address 13 Courtney Lane														
Post Office Address						, <u>.</u> .								
City	Wright City		State	МО		ZIP	63390	Coun	try					
Name of Additional Joint Inventor, if any:										entor				
Given Nar	Family Name or Surname													
Inventor's Signature							Date							
Residence: City		State				Country			Citizenship					
Post Office Address														
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City		St	ate	I		ZIP		C	ountry					

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